

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311 1311 rrent Period) (Prior Period)	_ NAIC Company Code9	Employer's ID Nu	umber 38-2242827			
`	,	n , State of Do	omicile or Port of Entry	Michigan			
<u> </u>	- Wildingai			Wildrigan			
Country of Domicile		United States of	America				
(City of ail Address	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation	[]			
	Vision Service Corporation [] Other []	Health Maintenance Organ	ization []			
	Hospital, Medical & Dental Se	ervice or Indemnity []	Is HMO, Federally Qualified	d? Yes [] No []			
Incorporated	06/27/1978	Commenced Business	0:	2/08/1979			
	2850 West Gran		Detroit, N				
Statutory nome Office	Street and N	,	(City or Town, Sta				
Main Administrative Office		2950 Woot G	rand Boulevard				
Main Auministrative Onice			nd Number)				
	Detroit, MI 48202	·	313-872-8100				
(City o	or Town, State and Zip Code)		(Area Code) (Telephone Nun	nber)			
Mail Address	2850 West Grand Bouleva		Detroit, MI 48				
	(Street and Number or P.O. Box)	1	(City or Town, State and	l Zip Code)			
Primary Location of Books	and Records	2850	0 West Grand Boulevard				
	Datusit MI 40000		(Street and Number)				
	Detroit, MI 48202 or Town, State and Zip Code)		248-443-1093 (Area Code) (Telephone Nun	nhar)			
` `	or rown, clate and zip code)		, , , ,	iber)			
Internet Website Address		www.hap	o.org				
Statutory Statement Contac		onan	248-443-				
	(Name) dronan@hap.org			Area Code) (Telephone Number) (Extension) 248-443-8610			
	(E-mail Address)		(FAX Number)				
		0050.14	18 1				
Policyowner Relations Con		2850 West G	rand Boulevard				
	Detroit, MI 48202	id Number)	313-872-8100				
(City o	or Town, State and Zip Code)		(Area Code) (Telephone Number)	(Extension)			
		OFFICERS					
President	Francine Parker #	OFFICERS	Secretary Maur	rice E. McMurray			
Treasurer	Ronald W. Berry	<u>, </u>	Secretary Iviaur	ice E. McMurray			
_	Honaid W. Bony						
		VICE PRESIDENTS					
	DIR	ECTORS OR TRUST	EES				
N. Charles A		Sandra Baumchen	_	nald W. Boggs #			
Mary Beth Bo	lton, M.D.	Herman W. Coleman		nis H. DePaulis #			
Mary C. D	ickson	J. Timothy Gargaro #		Jethro Joseph			
Cleve L. Killing		Gregg Pane #		illiam L. Peirce			
Carol Quigl		Catherine A. Roberts #	Na	ncy Schlicting #			
Gerald K. S	Smith #						

State of	}	SS	;
County of)		

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

President	Maurice E. McMurray Secretary	Ronald W. Treasur	
Subscribed and sworn to before me this day of, 2004		a. Is this an original filing?b. If no,1. State the amendment number2. Date filed	Yes [] No []
		3. Number of pages attached	

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
	3,782,400	1,702,805				5,485,205
Miscellaneous	1,938,190					1,938,190
0299997 Group subscriber subtotal	5,720,590	1,702,805	n	Λ	n	7,423,394
0299998 Premiums due and unpaid not individually listed	9,428,747	555,500			<u> </u>	9,984,247
020000 Total group	15,149,336	2,258,305	0	0	0	17,407,641
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities	10,140,000	2,200,000			I	17,407,041
0499999 Premiums due and unpaid from Medicaid entities					1	†
	15,149,336	2,258,305	0	0	0	17,407,641
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	10, 149, 330	۷,۷۵۵,۵۵۵	U	U	U	17,407,041

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables:				•		
	1					
	1					
	•					
	+					
	0.407.005	000 400				0 775 504
0499999 Receivables not individually listed	2,107,025	668,499				2,775,524
0599999 Gross health care receivables	2,107,025	668,499	0	0	0	2,775,524

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C	_	-				
_ 1	22	3	4	5	6	_7	
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total	
Claims Unpaid (Reported)							
Detroit		12,215				12,215	
Michigan		36,379				36,379	
48202	302,277					302,277	
Kiefiuk	226,615					226,615	
Donald						218,667	
2850 West Grand Boulevard	142,330					142,330	
Detroit	116,780	189				116,969	
Michigan. 48202	111,532					111,532	
48202		31,618				109,770	
VonKnorring						52,366	
Tamara	49,468	52,717				102,185 39,710	
2484432038							
2484431154						29,604	
Munson Medical Center	27,968					27,968	
Providence Hospital	27,670					27,670	
Bon Secour Cottage Health Services.						27,302	
Sinai Hospital of Detroit	16.735					16,735	
Kidney Centers of Michigan, LLC		0				13,552	
Kidney Centers of Michigan, LLC Bon Secour Cottage Health Services.	12,410	0				12,410	
St. Vincent Mercy Medical Center						12,240	
0199999 Individually listed claims unpaid		133 , 118	0	0	0	1,638,496	
0299999 Aggregate accounts not individually listed-uncovered	817,584	39,093			1,735	1,638,496 858,412	
0399999 Aggregate accounts not individually listed-covered	8,590,434	(10,372)	688	1,465	17,173	8,599,388	
0499999 Subtotals	10,913,396	161,839	688	1,465	18,908	11,096,296	
0599999 Unreported claims and other claim reserves	<u> </u>	•	•	· · · · · · · · · · · · · · · · · · ·		52,069,550	
0699999 Total amounts withheld						18,169,689	
0799999 Total claims unpaid						81,335,535	
0899999 Accrued medical incentive pool and bonus amounts						2.298.942	

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

EXHIBIT O - AMOUN			·, 00001017	TILLO AILD	~! ! !E!~!E	<i></i>	
1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
-	401,986					401,986	
	264,372					264,372	
				1			
				•			
	†		<u> </u>	†	İ	1	
0199999 Individually listed receivables			h	0	1		0
0299999 Receivables not individually listed	000,330	0	l	ļ	1	000,330	0
	000 050	0	0	0	0	000 050	0
0399999 Total gross amounts receivable	666,358	U	U	U	U	666,358	0

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
		297,885	297,885	
		193,439	193,439	
00000000	PREFERRED HEALTH PLAN	101,484	101.484	
00000000	PREFERRED HEALTH PLAN			
0199999 Individually listed payables.				0
0199999 Individually listed payables		,,,,,,		
0399999 Total gross payables		592,809	592,809	0

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 Direct Medical Expense	2 Column 1 as a %	3 Total Members	4 Column 3 as a %	5 Column 1 Expenses Paid to	6 Column 1 Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	801,318,803	65 . 1	4,286,276	75.6	681,152,631	120,166,172
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,503,232	0.2	1,381,666	24.4	229,651	2,273,581
Total capitation payments	803,822,035	65.3	5,667,942	100.0	681,382,282	122,439,753
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	137 , 260 , 959	11.2	XXX	XXX	109, 262, 292	27,998,667
7. Bonus/withhold arrangements - fee-for-service	102,975,508	8.4	XXX	XXX	33, 106, 511	69,868,997
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	,	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments		15.2	XXX	XXX	148 . 565 . 384	38,070,158
12. Total other payments	426,872,009	34.7	XXX	XXX	290,934,187	135,937,822
13. TOTAL (Line 4 plus Line 12)	1,230,694,044	100 %	XXX	XXX	972,316,469	258,377,575

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBITO TARTE 2 - COMMART OF TRANSACTIONS			-	
1	2	3	4	6	7
			Average		Intermediary's
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
NAIC Code	Name of intermediary	Gapitation Faiu	Gapitation	Total Aujusteu Gapital	CONTROL LEVEL NBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

•	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	9,106,424		6,194,776	2,911,648	2,911,648	0
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	9,106,424	0	6,194,776	2,911,648	2,911,648	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) 2. Detroit

Health Alliance Plan of Michigan **REPORT FOR: 1. CORPORATION**

	1 or Micrigan					-	2. <u>De</u>			(LOCA			
AIC Group Code 1311 BUSINESS IN THE STATE (OF Michigan	0			DURING THE YE	AR 2003		1		1	NAIC Compar	ny Code	95844
	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	485 , 154	6,160	443,492	19,225				16,277					
2 First Quarter	474,474	5,900	433,339	19,859				15,376					
3 Second Quarter	472,265	5,940	431,130	20 , 182				15,013					
4. Third Quarter	469 , 492	6,080	428 , 137	20,604				14,671					
5. Current Year	471,150	6,060	429,775	20,998				14,317					
6 Current Year Member Months	5,667,942	72,316	5,172,668	243,351				179,607					
Total Member Ambulatory Encounters for Year:													
7. Physician	1,742,501												1,742,501
8. Non-Physician	878,276												878,276
9. Total	2,620,777	0	0	0	0	0	0	0	0	0	0	0	2,620,777
10. Hospital Patient Days Incurred	176,249		104,842	43,919				25,665					1,823
11. Number of Inpatient Admissions	39,777		26,913	7,529				4,833					502
12. Health Premiums Collected	1,356,882,738	16,246,704	1,070,696,409	82,948,757			66 , 779 , 195	120,211,673					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	.1,362,620,115	16,414,757	1,066,222,981	82,948,757			66 , 369 , 145	130 , 664 , 475					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1,230,694,044	14,870,923	965,943,031	72,856,606			60 , 104 , 417	117 , 138 , 367	(219,300)				
18. Amount Incurred for Provision of Health Care Services	1,228,269,591	14,801,764	961,450,760	73,094,972			59,869,590	119,199,706	(147,201)				

(a) For health business: number of persons insured under PPO managed care products 471,150 and number of persons under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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NAIC Group Code 1311 BUSINESS IN THE STATE OF Consolidated	OF Consolidated			Ճ	DURING THE YEAR 2003	4R 2003				Ž	NAIC Company Code		95844
	-	Compre (Hospital 8	Comprehensive (Hospital & Medical)	4	5	9	7	ω	6	10	11	12	13
		5	`e				Federal						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	485,154	6,160	443, 492	19,225	0	0	0	16,277	0	0	0	0	
2 First Quarter	474,474	5,900	433,339	19,859	0	0	0		0	0	0	0	0
3 Second Quarter	472,265	5,940	431, 130	20,182	0	0	0		0	0	0	0	0
4. Third Quarter	469,492	080, 9	428, 137	20,604	0	0	0	14,671	0	0	0	0	0
5. Current Year	471,150	6,060	429,775	20,998	0	0	0	14,317	0	0	0	0	0
6 Current Year Member Months	5,667,942	72,316	5, 172, 668	243,351	0	0	0	179,607	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	1,742,501	0	0	0	0	0	0	0	0	0	0	0	1,742,501
8. Non-Physician	878,276	0	0	0	0	0	0	0	0	0	0	0	878,276
9. Total	2,620,777	0	0	0	0	0	0	0	0	0	0	0	2,620,777
10. Hospital Patient Days Incurred	176,249	0	104,842	43,919	0	0	0	25,665	0	0	0	0	1,823
11. Number of Inpatient Admissions	39,777	0	26,913	7,529	0	0	0	4,833	0	0	0	0	505
12. Health Premiums Collected	1,356,882,738	16, 246, 704	1,070,696,409	82,948,757	0	0	66,779,195	120,211,673	0	0	0	0	0
13. Life Premiums Direct.	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	.1,362,620,115	16,414,757	1,066,222,981	82,948,757	0	0	66, 369, 145	130,664,475	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,230,694,044	14,870,923	965,943	72,856,606	0	0	60 , 104 , 417	117,138,367	(219,300)	0	0	0	0
18 Amount Inclinated for Dravision of Health Care Services	1 228 269 591	14,801,764	961, 450, 760	73.094.972	С	0	59,869,590	119.199.706	(147.201)	0	0	О	0

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	6,005,800
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(2,527,786)
	2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	1,095,578
	4.2 Totals, Part 3, Column 9	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8.	Book/adjusted carrying value at end of current period	4,573,592
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	4 ,573 ,592
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	902,674

SCHEDULE B VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period

SCHEDULE BA VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
	Increase (decrease) by adjustment
	Total profit (loss) on sale
	Amounts paid on account or in full during the year
7.	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
	Statement value of long-term invested assets at end of current period

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE **Health Alliance Plan of Michigan**

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Place (a)
1. U.S. Governments, Schedules D &		J Teals	10 16413	Tillough 20 Tears	Over 20 Tears	Total Guilent Teal	/8 OI LINE 10.7	THOI TEAL	THOI TEAL	Haded	(α)
1.1 Class 1	I (Group I)					0	0.0	26,507,942	13.5		
1.2 Class 2						0	0.0	0 ,007,042	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	Λ	0	0	0.0	26.507.942	13.5	0	
2. All Other Governments, Schedules	D & DA (Group 2)		· · ·	•	·	Ü	0.0	20,007,012	10.0	·	
2.1 Class 1						0	0.0	429 , 785	0.2		
2.2 Class 2			T			0	0.0	216,388	0.1		
2.3 Class 3						0	0.0	88.988	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	735,161	0.4	0	
3. States, Territories and Possession	s etc Guaranteed. S	chedules D & DA (Grou	ip 3)	<u> </u>	<u> </u>	,	7.7		¥.1.1	<u> </u>	
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States, Te	rritories and Posses	sions. Guaranteed. Sch	edules D & DA (Group	4)	<u> </u>	,	7.7	<u> </u>	¥.14	<u> </u>	
4.1 Class 1		T		,		0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
5. Special Revenue & Special Assess	ment Obligations etc	., Non-Guaranteed, Sch	nedules D & DA (Group	5)				-		-	
5.1 Class 1						0	0.0	0	0.0		
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3						0	0.0	0	0.0		
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		
5.6 Class 6]					0	0.0	0	0.0		1
E 7 =		_	0	^	0	0	0.0	0	0.0	0	

0.0

SCHEDULE D - PART 1A - SECTION 1 (continued)

	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through				Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sche	dules D & DA (Group (6)									
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffil	iated), Schedules D &	DA (Group 7)									
7.1 Class 1	19,935,486					19,935,486	80.2	146,236,593	74.3	19,935,486	
7.2 Class 2						0	0.0	3,626,736	1.8		
7.3 Class 3		1,087,514		3,824,683		4,912,197	19.8	19,565,023	9.9	4,912,197	
7.4 Class 4						0	0.0	130,463	0.1		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	169,558,814	86.2	24,847,683	0
8. Credit Tenant Loans, Schedules D	& DA (Group 8)										
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	C
9. Parent, Subsidiaries and Affiliates	Schedules D & DA (C	Group 9)	•								
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	n	0	0	Λ	0	0.0	0	0.0	Û	ſ

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

		Quality and Maturi	ty Distribution of All Be	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by N	Major Types of Issues	and NAIC Designation			
O I'I D I' II MAIO D I I'	1		3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
10. Total Bonds Current Year	10.005.100					40.005.400	20.0	WWW	VVV	40.005.400	
10.1 Class 1	19,935,486	0	0	0	0	19,935,486	80.2	XXX	XXX	19,935,486	
10.2 Class 2	0	0	0		0	0	0.0	XXX	XXX	1 010 107	
10.3 Class 3	0	1,087,514	0	3,824,683	0	4,912,197	19.8	XXX	XXX	4,912,197	
10.4 Class 4	0	0	0	0	0	0	0.0	ХХХ	ХХХ	ļ0	
10.5 Class 5	0	0	0	0	0	(c)()	0.0	XXX	XXX	10	
10.6 Class 6	0	0	0	0	0	(c)	0.0	XXX	XXX	0	(
10.7 Totals	19,935,486	1 ,087 ,514	0	3,824,683	0	(b)24,847,683	100.0	ХХХ	XXX	24 , 847 , 683	
10.8 Line 10.7 as a % of Col. 6	80.2	4.4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	157 , 312 , 180	6,717,979	4,874,943	630,281	3,638,937	XXX	ХХХ	173,174,320		173, 174, 320	
11.2 Class 2	0	117,027	2,368,390	424 , 168	933,538	XXX	XXX	3,843,124	2.0	3,843,124	
11.3 Class 3	14,255,065	17 , 137	1,269,434	3,119,177	993,199	XXX	XXX	19,654,011	10.0	19,654,011	
11.4 Class 4	0	0	104,338	26 , 125	0	XXX	XXX	130,463	0.1	130,463	(
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	(
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	(
11.7 Totals	171,567,245	6,852,143	8,617,104	4, 199, 751	5.565.673	XXX	XXX	^(b) 196,801,917	100.0	196,801,918	(
11.8 Line 11.7 as a % of Col. 8	87.2	3.5		2.1	2.8	XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds					-						
12.1 Class 1	19,935,486					19,935,486	80.2	173,174,320	880	19,935,486	XXX
12.2 Class 2						0	0.0	3.843.124	2.0	0	XXX
12.3 Class 3		1,087,514		3,824,683		4,912,197	19.8	19,654,011	10.0	4,912,197	XXX
12.4 Class 4						0	0.0	130,463	0.1	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	196,801,918	100.0	24,847,683	XXX
12.8 Line 12.7 as a % of Col. 6	80.2	4 4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	
12.9 Line 12.7 as a % of Line 10.7,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Col. 6, Section 10	80.2	4.4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds	***-				***						
13.1 Class 1						0	0.0	0	0.0	XXX	
13.2 Class 2						n	0.0	n	0.0	XXX	(
13.3 Class 3						n	0.0	n	0.0	XXX	· · · · · · · · · · · · · · · · · · ·
13.4 Class 4						n	0.0	n	0.0		(
13.5 Class 5						n	0.0	n	0.0		(
13.6 Class 6						n	0.0	n	0.0		(
13.7 Totals	0	Λ	Λ	0	Λ	0	0.0	0	0.0	XXX	
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
							ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	
13.9 Line 13.7 as a % of Line 10.7,	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	٨٨٨	XXX	0.

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

Destriction by Types				_	PARIIA		_					
Designation by Type 1/9 car of Less Through S Year Cover 5 Version Cover 5		Maturity Distribu	tion of All Bonds C	wned December 31	at Book/Adjusted C	arrying Values by N	lajor Type and Subt	ype of Issues				
1. 1. 1. 1. 1. 1. 1. 1.		1				5	6	7 Col. 6 as a %				11 Total Privately
1.1 Baser Céligénore		1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7		Prior Year	Traded	Placed
1.2 Single Clasia Mortgage-Backed Securities												
1.7 Totals							0		4,363,585			
2. AL OBJAC GOVERNMENTS. Schedules D. ALA (Group 2) 1. INSURCE CONTROL OF THE CO	1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
2.1 SISSEC CHURGHOUSE 2.2 Single-Class Merga-Backed/Asset-Backed Securities 3.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D	1.7 Totals	0	0	0	0	0	0	0.0	26,507,942	13.5	0	(
2.1 SISSEC CHURGHOUSE 2.2 Single-Class Merga-Backed/Asset-Backed Securities 3.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D.0 D	2. All Other Governments, Schedules D & DA (Group 2)											
2.3 Defined	2.1 Issuer Obligations						0		735 , 161			
2.4 Other	Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0		0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKEDIASSET-BACKED SECURITIES			• • • • • • • • • • • • • • • • • • • •		•		u					•
2.5 Other	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.7 Totals							0		D			
3. States. Furtificities, and Possessions Glustratieed. Schedulist D. & D. G. (100 m.) 1. Issuer Civiligations 0	• • • • • • • • • • • • • • • • • • • •						0		0			
3.1 Issuer Obligations		0	0	0	0	0	0	0.0	735,161	0.4	0	(
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.1 Issuer Obligations				-		0		0			
3.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 3.6 Offer	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0		0			
BACKED SECURITIES 3.5 Defined 3.6 Olhor 3.6 Olhor 3.6 Olhor 3.7 Totals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.4 Other						0		0			
3.6 Other	BACKED SECURITIES							0.0	0	0.0		
3.7 Totals							J		U			
4. Political Subdivisions of States. Territories and Possessions. Guaranteed. Schedules D & DA (Group 4) 4.1 Issuer Obligations	- v · · ·						•		0			
4.1 Issuer Obligations	3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
4.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined 4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED/ASSET-BACKED SECURITIES 4.5 Defined 4.6 Other 4.7 Totals 5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5) 5.1 Issuer Obligations 5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 5.0 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		dules D & DA (Group 4)										
4.4 Other	4.1 Issuer Obligations						0		Ω			
4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 4.5 Defined							0		0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 4.5 Defined 4.6 Other 4.7 Totals 5.1 Issuer Obligations 5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined 5.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 5.5 Defined MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES BACKED SECURITIES 5.5 Defined MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES BACKED SECURITIES 5.6 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES BACKED SECURITIES D 0 0.0 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.			• • • • • • • • • • • • • • • • • • • •		•							
4.6 Other	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.7 Totals							0		Ω			
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)		-					0		0			
5.1 Issuer Obligations		0	0	0	0	0	0	0.0	0	0.0	0	(
5.2 Single Class Mortgage-Backed/Asset-Backed Securities 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0.0 0 0.0 0 0.0 0 0.0 0.0 0 0.0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0 0.0 0 0 0.0 0<	5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher	dules D & DA (Group 5)										
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined 5.4 Other 5.5 Other 5.5 Defined 5.6 Other 5.6 Other 5.7 Other 5.8 Defined 5.9 Defined 5	5.1 Issuer Obligations			 	ļ		ļ0		j			}
5.3 Defined	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						10		0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 5.5 Defined							0		0			
5.6 Other 0 0.0 0 0.0	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
							0 0		0 0			
	5.7 Totals		Λ	Λ	Λ	Λ	0	0.0	0	0.0	Λ	,

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book/				sues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations	19,935,486	1,087,514		3,824,683		24,847,683	100.0	158 , 887 , 929	807	24,847,683	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	10,670,885	5.4		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	169,558,814	86.2	24,847,683	
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)										
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distrib	ution of All Bond			justed Carrying Va	alues by Major Typ	pe and Subtype of	Issues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	XXX	XXX	24,847,683	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	Ω	0	0	0	0.0	XXX	XXX	. 0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	XXX	XXX	24,847,683	0
10.8 Line 10.7 as a % of Col. 6	80.2	4.4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	150 , 138 , 011	2,336,772	5,902,684	1,074,985	4,534,222	XXX	XXX	163,986,675	83.3	163,986,675	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	21,429,234	4,515,371	2,714,420	3, 124, 766	1,031,451	XXX	XXX	32,815,242	16.7	32,815,242	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	Ω	0	0	XXX	XXX	1 0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	171,567,245	6,852,143	8,617,104	4, 199, 751	5,565,673	XXX	XXX	196,801,917	100.0	196,801,917	0
11.8 Line 11.7 as a % of Col. 8	87.2	3.5	4.4	2.1	2.8	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	19,935,486	1,087,514		3,824,683		24,847,683	100.0	163,986,674		24,847,683	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	32,815,242	16.7	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	19,935,486	1,087,514	0	3,824,683	0	24,847,683	100.0	196,801,916	100.0	24,847,683	XXX
12.8 Line 12.7 as a % of Col. 6	80.2	4.4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	80.2	4.4	0.0	15.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities		ļ				0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

Ve	erification of SHORT-TERM INVESTMENTS Between Years				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	151,136,813	151,136,813	0	0	0
Cost of short-term investments acquired	8,766,340,906	8 , 766 , 340 , 906	0		
Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments			0		
Book/adjusted carrying value, current year	19,935,486	19,935,486	0	0	0
Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	19,935,486	19,935,486	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	19,935,486	19,935,486	0	0	0
12. Income collected during year	1,513,478	1,513,478			
13. Income earned during year	1,569,329	1,569,329			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sneet to Identify Net	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	305,921,169		305,921,169
2.	Accident and health premiums due and unpaid (Line 12)	17 ,407 ,641		17,407,641
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	7,011,310		7,011,310
6.	Total assets (Line 26)	330,340,120	0	330,340,120
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	79,836,309	0	79,836,309
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,298,942		2,298,942
9.	Premiums received in advance (Line 8)	28,018,413		28,018,413
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	27,366,715		27,366,715
12.	Total liabilities (Line 22)	137 ,520 ,379	0	137 , 520 , 379
13.	Total capital and surplus (Line 30)	192,819,741	XXX	192,819,741
14.	Total liabilities, capital and surplus (Line 31)	330,340,120	0	330,340,120
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets			
25.	Total net credit for ceded reinsurance	0		

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13	
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)	
	38 - 2513504 38 - 3291563 38 - 2242827	Preferred Health Plan					(3,181,199) (4,185,913) 7,367,112				(3,181,199) (4,185,913) 7,367,112		
60134 95844	. 38-3291563	Alliance Health and Life Insurance Co					(4, 185, 913)				(4, 185, 913)		
95844	. 38-2242827	Health Alliance Plan of Michigan					/,367,112				/,36/,112		
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9999999 C	Control Totals		0	0	0	0	0	0	XXX	0	0	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	ĮΧ]	No [J
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X]	No []
3.	Will an actuarial certification be filed by March 1?	Yes	[X]	No []
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[X]	No []
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[X]	No []
6.	Will the SVO Compliance Certification be filed by March 1?		SEE	EXP	LANA	TION
7.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?		SEE	EXP	LANA	TION
8.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No [Χ]
	APRIL FILING				No [No [No [No [XPLANAT XPLANAT	
9.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No []
10.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No [Х]
11.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No []
	JUNE FILING					
12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X]	No []
XPL	ANATIONS:					

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- 6. The Company is not required to submit to an SVO valuation, per the 2003 Forms and Instructions for required filings in Michigan as authorized by the Commissioner.
- 8. The Company is not licensed to write property and casualty lines.
- 10. The Company does not write long-term care business.

BAR CODE:





OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14.

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1404.	Mental Health and Substance Abuse	0	39, 245, 899	43,071,678
1405.	Other	0	26.046.287	31.823.207
1497.	Summary of remaining write-ins for Line 14 from Page 04	0	65,292,186	74,894,885

M016 Additional Aggregate Lines for Page 16 Line 4.

*EXNONADMIT	
LANCINADIVIII	

0404. Properties Occupied by the Company	3,670,917	0	(3,670,917)
0405. Bonds	4,912,197	0	(4,912,197)
0497. Summary of remaining write-ins for Line 4 from Page 16	8,583,114	0	(8,583,114)

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS													
1304. Ambulance	5,223,375	4,210,094	187 , 358			240,423	586,269	(769)					
1305. Other	26,046,290	20,993,578	934,257			1 , 198 , 866	2,923,422	(3,833)					
1397. Summary of remaining write-ins for Line 13 from page 7	31,269,665	25,203,672	1,121,615	0	0	1,439,289	3,509,691	(4,602)	0	0	0	0	



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2003 OF THE Health Alliance Plan of Michigan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF Michigan

NAIC Gr	oup Code 1311	NAIC Company Code	95844
Address	(City, State and Zip Code) Detroit, Michigan 48202		
Person C	Completing This Exhibit Dianna Ronan		
Title	Assistant VP Financial Strategy and Reporting	Telephone Number	248-443-1093

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000					Policies Issued in 2001, 2002, 2003				
										11 Incurred Claims		14	15	Incurred		18			
											12	13			16	17	1		
		Standardized															l '		
0 "	D. I. E	Medicare		Plan	. .	Date	Date	Б.	5 " M I " T I	ъ.		Percent of	Number of	ъ.		Percent of	Number of		
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives		
WILLIODNA	Number	beneill Flan	Select	ISUCS	Approved	Williamii	Amended	Ciosea	Name	Earrieu	Amount	Earrieu	Lives	Earrieu	Amount	Earrieu	Lives		
Yes	All Forms	J	No	. 0004500	12/15/2002				Medicare Supplement	24,624,589	22,504,307	91.4	12,310	10,206,080	8,935,795	87.6	2,762		
0199999 To	otal Experience on	Individual Poli	cies			-	-	-		24,624,589	22,504,307	91.4	12,310	10,206,080	8,935,795	87.6	2,762		
Yes	All Forms	. J	No	. 0004500	12/15/2002				Medicare Supplement	258,893,032	235,049,328	90.8	149 , 124	200,923,079	175,888,788	87 . 5	54,360		
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0299999 To	otal Experience on	Group Policies	S							258,893,032	235,049,328	90.8	149,124	200,923,079	175,888,788	87.5	54,360		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 2850 West Grand Boulevard Detroit, Michigan 48202
 - 2.2 Contact Person and Phone Number: Donald Kiefiuk 248-443-2038
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 2850 West Grand Boulevard Detroit, Michigan 48202
 - 3.2 Contact Person and Phone Number: Tamara VonKnorring 248-443-1154
- 4. Explain any policies identified above as policy type "O".